

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445141	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING #1 B. WING _____		(X3) DATE SURVEY COMPLETED 06/22/2014
NAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 2910 PEERLESS RD CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide illumination of the means of egress.</p> <p>The finding includes:</p> <p>Observation and interview with the maintenance director on June 22, 2014 at 12:31 p.m., revealed no exterior lighting for the exit discharge leading to the public way at the exterior emergency exit door located near room 316. (NFPA 101 7.8.1.1)</p> <p>This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on June 22, 2014.</p>	K 045	<p>K-45</p> <ol style="list-style-type: none"> 1. An exterior light has been added to the exit discharge leading to the public way at the exterior emergency exit door located near room 316. 2. The exit doors have been examined throughout the building and revealed that they have the required lighting. 3. The maintenance staff will review periodically the exterior exit lighting and maintain the necessary lighting at exit doors. 4. The director of maintenance will monitor periodically for the presence and operation of exterior exit lighting. The plan of correction will be monitored by the monthly QAPI meeting until such time consistent substantial compliance has been met. 	7/15/14	
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was</p>	K 062	<p>K-62</p> <ol style="list-style-type: none"> 1. The five sprinkler heads in the therapy room and the sprinkler head in the corridor outside of room 408 have been cleaned of lint. The eleven missing escutcheon plates; one on wing 4; 	7/15/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	<p>Continued From page 1</p> <p>determined that the facility failed to maintain the sprinkler system.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation and interview, on June 22, 2014 at 10:20 a.m., revealed lint loading on sprinkler heads in the following locations: <ol style="list-style-type: none"> a.) Therapy 5 of 9 observed b.) Corridor outside room 408 (NFPA 25 2-2.1.1*) 2. Observation and interview, on June 22, 2014 at 10:04 a.m., revealed missing escutcheon plates throughout the facility to include: <ol style="list-style-type: none"> a.) Wing 4 nurses station b.) 6 of 9 sprinkler heads observed in therapy c.) Room 431 d.) Room 427 e.) Room 428 f.) Room 424 (NFPA 13 3-2.7.2*) <p>These findings were verified by the maintenance director and acknowledged by the facility administrator during the exit conference on June 22, 2014.</p>	K 062	<p>six in the therapy room; one in room 431; one in room 427; one in room 428; and one in room 424; have been put in place.</p> <ol style="list-style-type: none"> 2. The sprinkler heads throughout the building were examined for the existence of lint and missing escutcheon plates and the necessary cleaning or install of the escutcheon plates was done. 3. Sprinkler heads and escutcheon plates to be installed and maintained in compliance with current applicable NFPA codes. The maintenance staff will review monthly for lint free sprinkler heads and the existence of the escutcheon plates. 4. The director of maintenance will monitor monthly to ensure the sprinkler heads are lint free and the escutcheon plates are in place. This plan of correction will be monitored at the monthly QAPI meeting until such time consistent substantial compliance has been met. 		